|  |  |
| --- | --- |
| Diversity Counselling New Zealand  **Community Counselling Referral Form** |  |

|  |  |
| --- | --- |
| Date |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name |  | | | Surname |  | |
| Preferred Name |  | | | Date of Birth |  | |
| Gender |  | | | | | |
| Address |  | | | | | |
| Mobile |  | | | | | |
| Can we leave Voice Message? Yes / No | | | | Can we send a TXT? Yes / No | |
| Email |  | | | | | |
| Can we contact you by email? Yes / No | | | | | |
| Ethnicity |  | | | | | |
| First language Spoken | | |  | | | |
| Additional language Spoken | | |  | | | |
| Is interpretation service required? | | | Yes / No | | | |
| If yes, interpretation language | | |  |
| Client/Guardian given consent for this service? | | | | Yes / No | | |
| Parent/ Guardian name (if client is 16 or under) | | | |  | | |
| Parent/ Guardian mobile or email | | | |  | | |
| Preferred counselling session methods  (Face to Face, Zoom, WhatsApp, Phone etc.) | | | |  | | |
| Reasons for seeking counselling (e.g., health, relationship, finance, stress, anxiety, trauma) | | | |  | | |
| **Referrer Details:** | | | | | | |
| Agency Name | |  | | | | |
| Referrer’s Name and Position | |  | | | | |
| Referrer’s Contact details | | Phone: Email: | | | | |